

For Official ~~Use Only~~

1 File Number U

13278

1 / 1 / 2004 Through 12 / 31 / 2004

| | | | |
|------|--------|---|--------|
| Name | Martin | C | Umlauf |
|------|--------|---|--------|

P O Box Bldg Room No if any

Street 12 East Erie Street

City Chicago

State Illinois ZIP Code + 4 60611

| | |
|------|--|
| Name | Chicago Regional Council of Carpenters |
|------|--|

Labor Organization File Number 001 949

P O Box Building and Room Number if any

Street 12 East Erie Street

City Chicago

State Illinois ZIP Code + 4 60611

5 Position in labor organization

Pres/Executive Secretary-Treasurer

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction or Income

7 b Amount

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Building Trades United Pension Trust Fund

Trade Name if any

P O Box Bldg Room No if any P O Box 530 Room 300

Street 500 Elm Grove Road

City Elm Grove

State Wisconsin ZIP Code + 4 53122

9 Business deals with☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name Building Trades United Pension Trust Fund

Trade Name if any

P O Box Bldg Room No if any P O Box 530 Room 300

Street 500 Elm Grove Road

City Elm Grove

State Wisconsin ZIP Code + 4 53122

11 a Nature of such dealing

Board meeting dinner

11 b Approximate dollar value of such dealing

\$28

12 a Nature of interest held or income received**12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Baum Sigman Auerbach & Neuman Ltd

Trade Name if any

P O Box Bldg Room No if any Suite 2200

Street 200 West Adams Street

City Chicago

State Illinois ZIP Code + 4 60606 5231

14 a Nature of payment

Congratulatory Flowers

13 b Is the Business an Employer ☐or Consultant ☒ ?**14 b Amount of payment**

\$51

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Independent Employee Benefits Corporation

Trade Name if any

P O Box Bldg Room No if any P O Box 470

Street 28 N First Street

City Geneva

State Illinois ZIP Code + 4 60134 0470

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Carpenters Welfare Fund of Illinois

Trade Name if any

P O Box Bldg Room No if any P O Box 470

Street 28 N First Street

City Geneva

State Illinois ZIP Code + 4 60134 0470

11 a Nature of such dealing

Lunch Trustee Meeting

11 b Approximate dollar value of such dealing

\$40

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Hunt Insurance

Trade Name if any

P O Box Bldg Room No if any

Street 12000 S Harlem Avenue

City Palos Heights

State Illinois ZIP Code + 4 60643

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Holiday gift

11 b Approximate dollar value of such dealing

\$129

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Whitfield & McGann

Trade Name if any

P O Box Bldg Room No if any Suite 1650

Street Two North Lasalle

City Chicago

State Illinois ZIP Code + 4 60602

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Business Meals & Promotion

11 b Approximate dollar value of such dealing

\$1 200

12 a Nature of interest held or income received

12 b Amount

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.


Signature _____ Date 8-15-05